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PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X S OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X S = OR x s = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = TOTAL * If the difference in column 1 is tess than zero, enter "0" in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING RATE NUMBER ADDI-RATE ADDI-ENT TIONAL TIONAL **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE ENDME Total Minus (37 CFR 1.16(c)) x s OR Independent Minus X S OR X \$ = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR = TOTAL TOTAL ÖR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\mathbf{\omega}$ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDMI OR Minus OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI **EXTRA** ENDMENT **AFTER PREVIOUSLY** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus = (37 CFR 1.16(c)) X \$ X S OR = Independent (37 CFR 1.16(b)) Minus X \$ OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												
					(Column 2) SI				NTITY	OR	OTHER SMALL I		
TOTAL CLAIMS			32				R	ATE	FEE		RATE	FEE	
FO	R	NUMBER FILED		NUMBER EXTRA		BAS	BASIC FEE		OR	BASIC FEE	710.00		
TO	TAL CHARGEA	<i>32</i> minus 20=				X	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			4 minus 3 =				X40=			OR	X80=		
MU	LTIPLE DEPEN	RESENT				455		 					
If the difference in column 1 is less than zero, enter "0" in column 2								35=		OR			
CLAIMS AS AMENDED - PART II							, 10	DTAL		OR		THAN:	
(Column 1)			MENUEL	(Colu	mn 2)	nn 2) (Column 3)		SMALL EN		OTHER OR SMALL		-	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID		BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 32	Minus	-36	3	=	X	\$ 9=		OR	X\$18=		
	Independent	• 4	Minus	•••	+	=	Х	40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	35=		OR	+270=		
							_	TOTAL			TOTAL		
		(Column 1)	<u> </u>	. (Colu	mn 2)	(Column 3)		IT. FEE		,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	Γ	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 32	Minus	3	2	=	X	\$ 9=		OR	X\$18=		
	Independent	I U	Minus	***	4	=/	1 ×	40=		OR	X80=		
بيدا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	135=		OR	+270=		
							L	TOTAL IT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)		: 1. F EE			הטטוו. רבב		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	;	HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 32	Minus	-3	<u>a</u> _	= /	X	\$ 9=		OR	X\$18=		
	Independent	. 4	Minus	1	4_		X	40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM]	35=			+270=	 	
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TOTAL	·	OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.													
	The "Highest Nurr	nber Previously Pa	id For (Total o	r Independ	dent) is the	e highest numb	er tound ir	n the ap	propriate bo	x in co	olumn 1.		